

White House Committee on Aging
Getting Paid: Reimbursement Issues Focus Group
July 28, 2005
Western Maryland Hospital Center
Hagerstown, Maryland

One of the priority issue identified by the Washington County Longevity Forum was *Getting Paid: Reimbursement Issues*. Two focus groups met on July 28, 2005 as a part of the forum and addressed the issue. Within this context the items to be included in the discussion were older adult waivers, Medicare, pharmacy, long term care insurance, and private health insurance. The discussions held in both groups are summarized in this report.

The issue can be specifically described as a difficulty by healthcare and service providers in obtaining reimbursement for the services they provide and the difficulty for individuals in obtaining the insurance coverage they need at a reasonable rate. Secondary to this there was lengthy discussion on the Medicare Part D program to be implemented in January.

The first item of discussion was the older adult waiver program. A barrier to the program is the allotment situation. In the past Washington County had ninety waivers, however now there are only sixty. It was a recommendation of the panel to have a base allocation per county and everything beyond that could be the first county to submit the application. A second issue related to the waiver program was identified as staffing. It is hard to retain good people given the low salaries which are determined by the low reimbursement rates. Retention is low as individuals move on to jobs in which they are paid more.

This conversation led into the second issue and the lack of providers for low income patients. Many of these patients do have medical assistance (Medicaid); however there are providers in the county who will not accept patients with Medicaid. For example, no surgeons in the county currently participate with the program. This led to discussion of the lack of mental health providers and dentists within the county, regardless of insurance status. There were few solutions identified to these barriers. Recruiting new providers and requesting current providers to accept patient were identified, however neither of these are likely without an increase in the reimbursement rate provided through medical assistance.

As a follow-up issue obtaining long-term care insurance was discussed. This is prohibitively expensive for most people and comparing plans can be difficult. Plans are complex to read, especially for older residents, and do not all contain the same benefits. This causes a problem in comparing and valuing benefits. A solution to this was to make the guides prepared nationally (by Medicare and organizations such as AARP) more available to people through the Commission on Aging.

This issue led into the confusion of the Medicare Part D. This plan is to be implemented in January, however less than half of the number of the known to be eligible residents has enrolled. The Social Security Administration is supposed to have an eligible list, however the focus groups were unsure who in reality has the report and who is to use the report. The barrier which was

identified was the lack of mass media publicity for the program. While letters have been sent, many people in the population were thought to treat them as junk mail and destroyed them without reading them. Individuals with current pharmacy benefits felt they did not need the current program, however many are unaware that their program will no longer exist after the Medicare Part D program is in effect. The social security administration is to be the agency enrolling patients with the Commission on Aging as the lead organization. A further issue was identified of patients who will change their pharmacy plan depending on which medications they currently take and which medications are covered by the plan. The larger pharmacies, which provide fewer services (i.e. don't monitor medications - prescription and over the counter - to ensure no contraindications, no delivery service), are the targets for the program. However these are not the choice pharmacies that the older population has been going to for fifty years. They are not familiar with the new pharmacists and do not feel comfortable asking questions. Solutions to these problems would be expanding the number of pharmacies participating in the program and providing education to providers and individuals about the plans and which would best meet their needs. Furthermore, the plans would be encouraged to expand their lists of drugs covered.

In conclusion, the group felt that the barriers to advancement in the care of seniors were the low reimbursement rates by Medical Assistance, the lack of providers accepting medical assistance, the high cost of insurance, and the complexities of insurance and prescription drug programs. Solutions to these issues were identified as pressuring for an increase in the Medical Assistance, creating a base number of waivers available to county residents, providing clear concise information about the insurance and prescription drug programs.

Participants in the focus group contributing to the comments in this report were Judy Barron (Washington County Health Department), Deloress Bittner (Washington County Commission on Aging), William Christoffel (Washington County Health Department), Sally Clopper (Washington County Health Department), Jennifer Dexter (Easter Seals), Barb Galloway (Western Maryland Hospital), Paul Gould (Western Maryland Hospital), Maureen Kops (Western Maryland Hospital), Cynthia Kutter-Sands (geriatrician), Bill Luther (Western Maryland Hospital), Kim Moss (Williamsport Retirement Village), Terry Socha (___), Gerald Thomas (Western Maryland Hospital), and Grace Weekly (Hagerstown Housing Authority).